

A.
CHIP Client Survey Question by Question Percentages

Indicate the percentage that did not answer the question and then the percentage of each answer based on only those that answered. There were 407 surveys returned.

Note: Totals may not equal 100% due to rounding.

1	Our records show that your child is now insured by CHIP. Is that right?	Blank 6 1%	Yes 392 98%	No 9 2%	
2	With the choices CHIP gave you, how much of a problem, if any, was it to get a personal provider for your child that you are happy with?	Blank 17 4%	A big problem 9 2%	A small problem 17 4%	Not a problem 276 71%
			Didn't get a new personal provider 88 23%		
3	Has there been a time when you felt your child received fewer services than other patients?	Blank 14 3%	Yes 14 4%	No 350 89%	Don't Know 29 7%
4	Use any number from 0 to 10 where 0 is the worst provider possible, and 10 is the best provider possible. How would you rate your child's provider now?	Blank 19 5%	0 1 0%	1 1 0%	2 1 0%
			3 1 0%	4 6 2%	5 12 3%
			6 12 3%	7 48 12%	8 70 18%
			9 59 15%	10 154 40%	11 23 6%
5	In the last 6 months, did you make any appointments with a doctor or other health care provider for regular or routine health care for your child?	Blank 13 3%	Yes 217 55%	No 173 44%	Don't Know 4 1%
6	In the last 6 months, how often did you get an appointment for your child for regular or routine health care as soon as you wanted?	Blank 177 43%	Never 1 0%	Sometimes 17 7%	Usually 67 29%
			Always 128 56%	Didn't need an appointment 17 7%	
7	In the last 6 months, how many days did you usually have to wait between making an appointment for your child for regular or routine care and actually seeing a provider?	Blank 182 45%	Same day 58 26%	1 day 30 13%	2-3 days 48 21%
			4-7 days 37 16%	8-14 days 23 10%	15-30 days 9 4%

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			31 days or longer 2 1%	Didn't need an appointment 18 8%	
8	In the last 6 months, did your child have an illness or injury that needed care right away from a provider's office, clinic, or emergency room?	Blank 15 4%	Yes 196 50%	No 193 49%	Don't Know 3 1%
9	In the last 6 months, when your child needed care right away for an illness or injury, how often did he or she get care as soon as you wanted?	Blank 190 47%	Never 1 0%	Sometimes 8 4%	Usually 25 12%
			Always 165 76%	Didn't need care 18 8%	
10	In the last 6 months, how long did you usually have to wait between trying to get care for your child and actually seeing a provider for an illness or injury?	Blank 197 48%	Same day 139 66%	1 day 28 13%	2 days 9 4%
			3 days 8 4%	4-7 days 13 6%	8-14 days 0 0%
			15 days or longer 0 0%	Didn't need an appointment 13 6%	
11	In the last 6 months, how many times did you go to an emergency room to get car for your child? (NOTE: the choice was None or fill in the blank)	Blank 14 3%	None 329 86%	1 48 70%	2 10 16%
			3 4 6%	4 1 2%	5 1 2%
12	In the last 6 months, did you call a provider's office or clinic during regular office hours to get help or advice for your child?	Blank 14 3%	Yes 192 49%	No 197 50%	Don't Know 4 1%
13	In the last 6 months, when you called during regular office hours, how often did you get the help or advice your child needed?	Blank 187 46%	Never 1 0%	Sometimes 11 5%	Usually 30 14%
			Always 157 71%	Didn't call 21 10%	
14	In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a provider's office or clinic to get care?	Blank 17 4%	None 94 24%	1 109 28%	2 85 22%
			3 45 12%	4 28 7%	5 to 9 21 5%
			10 or more 8 2%		
15	In the last 6 months, once your child arrived at his or her provider's office or clinic, how long did your child have to wait before seeing the person your child went to see?	Blank 103 25%	15 minutes or less 163 53%	16 to 30 minutes 113 37%	31 to 60 minutes 24 8%

			More than an hour 4 1%		
16	In the last 6 months, how often were office staff at your child's provider's office or clinic as helpful as you thought they should be?	Blank 103 25%	Never 3 1%	Sometimes 7 2%	Usually 86 28%
			Always 206 68%	My child had no visits 2 1%	
17	Is your child old enough to talk with providers about his or her health care?	Blank 12 3%	Yes 286 72%	No 103 26%	Don't Know 6 2%
18	In the last 6 months, how often did doctors or other health care providers explain things in a way your child could understand?	Blank 125 31%	Never 6 2%	Sometimes 19 7%	Usually 52 18%
			Always 161 57%	My child had no visits 44 16%	
19	If your child's personal provider couldn't see him or her, did the provider's office help you find another place to take your child?	Blank 54 13%	Yes 148 42%	No 98 28%	Don't Know 107 30%
20	If yes, where did they refer your child? (<i>NOTE: respondents were asked to mark one or more, so totals may add up to more than 100%</i>)	Blank 257 63%	Another doctor or nurse 119 79%	PH Clinic/Comm Health Center 10 7%	Emergency Room at Hosp 7 5%
			Other 16 11%		
21	Is your child 2 years old or younger?	Blank 26 6%	Yes 63 17%	No 318 83%	Don't Know 0 0%
22	After your child was born, did you get any reminders to bring him or her in for a check up to see how he or she was doing or for shots?	Blank 324 80%	Yes 43 52%	No 40 48%	Don't Know 0 0%
23	Since your child was born, has he or she gone to a provider for a check up to see how he or she was doing or for shots?	Blank 332 82%	Yes 70 93%	No 5 7%	Don't Know 0 0%
24	Did you get an appointment for your child's first visit to a provider for a check up or shots as soon as you wanted?	Blank 332 82%	Yes 64 85%	No 5 7%	Don't Know 6 8%
25	How many days did you have to wait between making an appointment for your child for a check up or for shots and actually seeing the provider?	Blank 32 8%	Within 24 hours 79 21%	2-10 days 139 37%	11-21 days 20 5%
			21-45 days 11 3%	More than 45 days 7 2%	Did not see a provider 119 32%
26	In the last 6 months, did your child have any visits for preventive care (such as shots or Well Child Check Ups)?	Blank 15 4%	Yes 113 29%	No 279 71%	Don't Know 0 0%

27	If No, why not? (NOTE: respondents were asked to mark one or more, so totals may add up to more than 100%).	Blank 132 32%	Did not need any 250 91%	Unable to schedule 3 1%	Unable to make it 3 1%
			Did not have time 5 2%	Other 17 10%	
28	In the last 6 months, did your child get care from a dentist's office or dental clinic?	Blank 15 4%	Yes 196 50%	No 194 50%	Don't Know 2 1%
29	In the last 6 months, how many times did your child go to a dentist's office or dental clinic?	Blank 178 44%	None 34 15%	1 111 48%	2 49 21%
			3 25 11%	4 8 3%	5 to 9 2 1%
			10 or more 0 0%		
30	Use any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best dental care possible. How would you rate your child's dental care?	Blank 201 49%	0 0 0%	1 1 0%	2 3 1%
			3 4 2%	4 3 1%	5 11 5%
			6 8 4%	7 15 7%	8 26 13%
			9 29 14%	10 97 47%	Didn't get care 9 4%
31	How many months or years in a row has your child been enrolled in CHIP?	Blank 13 3%	Less than 6 months 6 2%	6 to 12 months 130 33%	12 to 24 months 178 45%
			Longer than 24 months 80 20%		
32	How well do you feel you understand CHIP? Use any number from 0 to 10 where 0 is not at all, and 10 is completely.	Blank 11 3%	0 1 0%	1 0 0%	2 0 0%
			3 7 2%	4 5 1%	5 31 8%
			6 26 7%	7 60 15%	8 103 26%
			9 65 16%	10 97 24%	
33	Have you or your child used BCBS/BlueCHIP Customer Service?	Blank 12 3%	Yes 178 45%	No 198 50%	Don't Know 19 5%

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33b	How useful did you find it?	Blank 123 30%	Very Useful 131 46%	Somewhat Useful 40 14%	Not useful 3 1%
			Didn't Use 110 39%		
34	Have you or your child used the BlueCHIP Enrollee Handbook?	Blank 17 4%	Yes 315 81%	No 65 17%	Don't Know 10 3%
34b	How useful did you find it?	Blank 47 12%	Very Useful 203 56%	Somewhat Useful 109 30%	Not useful 2 1%
			Didn't Use 46 13%		
35	Have your or your child used the "Dental Care and Eyeglasses for Children in CHIP" booklet?	Blank 13 3%	Yes 210 53%	No 171 43%	Don't Know 13 3%
35b	How useful did you find it?	Blank 94 23%	Very Useful 138 44%	Somewhat Useful 67 21%	Not useful 4 1%
			Didn't Use 104 33%		
36	How far do you travel ONE DIRECTION to see your child's primary provider?	Blank 19 5%	0 to 30 miles 314 81%	31 to 60 miles 50 13%	61 to 90 miles 12 3%
			90 to 150 miles 7 2%	150 miles or more 5 1%	
37	Use any number from 0 to 10 where 0 is the least satisfied possible, and 10 is the most satisfied possible. How satisfied are you with the CHIP Program?	Blank 12 3%	0 2 1%	1 1 0%	2 0 0%
			3 1 0%	4 0 0%	5 7 2%
			6 3 1%	7 20 5%	8 39 10%
			9 59 15%	10 263 67%	
38	In general, how would you rate your child's overall health now?	Blank 11 3%	Excellent 187 47%	Very good 150 38%	Good 53 13%
			Fair 5 1%	Poor 1 0%	
39	What is your child's ethnicity?	Blank 22 5%	Hispanic or Latino 20 5%	Not Hispanic or Latino 365 95%	

	What is your child's race? <i>(NOTE: the respondents were asked to mark one or more so the totals when added up may equal more than 100%).</i>	Blank 18 44%	White 364 94%	Black or African Amer 3 1%	Asian 4 1%
			Native Hawaiian/Pac Islander 1 0%	American Indian or Alaska Native 31 8%	Unspecified 8 2%
40	What is your child's age now?	Blank 19 5%	Up to 2 Yrs 46 12%	3 to 6 years 93 24%	7 to 11 years 122 31%
			12 to 18 years 127 33%		
41	Is your child male or female?	Blank 22 5%	Male 209 54%	Female 176 46%	
42	Are you male or female?	Blank 11 3%	Male 30 8%	Female 366 92%	
43	What is your age now?	Blank 11 3%	Under 18 Yrs 1 0%	18 to 24 15 4%	25 to 34 133 34%
			35 to 44 176 45%	45 to 54 62 16%	55 to 64 6 2%
			65 to 74 1 0%	75 or older 0 0%	
44	What is the highest grade or level of school that you have completed?	Blank 22 5%	8th grade or less 7 2%	Some HS 15 4%	HS Grad or GED 133 35%
			Some College 2 yr degree 168 44%	4 yr college graduate 50 13%	More than 4 yr college degree 12 3%
45	How are you related to the child?	Blank 11 3%	Mother Father 394 99%	Grandparent 2 1%	Aunt or Uncle 0 0%
			Older Brother or Sister 0 0%	Other relative 0 0%	Legal Guardian 0 0%